

To: +18506176381

10/27/21, 10:48 AM

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2021-10-27 14:50:36 EDT

1407-985443

From: Andrea Ortega

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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From:

Account Name : BRYTEBRIDGE CONSULTING, LLC
Account Number : I20200000117
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**COR AMND/RESTATE/CORRECT OR O/D RESIGN
EMBRACE HEALTH, INC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$43.75

OCT 28 2021
A. LUNT

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: EMBRACE HEALTH, INC

DOCUMENT NUMBER: N21000008194

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vickie L. Cobb-Lucien

(Name of Contact Person)

Embrace Health, Inc.

(Firm/ Company)

7130 South Orange Blossom Trail, Ste. 110

(Address)

Orlando, Florida 32809

(City/ State and Zip Code)

embracchealth.fl@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vickie L. Cobb-Lucien

407

271-1077

at

(Name of Contact Person)

(Area Code)

(Daytime Telephone Number)

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed) |
|--|--|--|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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DIVISION OF CORPORATION
2021 OCT 27 AM 10:17

Articles of Amendment
to
Articles of Incorporation
of

EMBRACE HEALTH, INC

(Name of Corporation as currently filed with the Florida Dept. of State)

N21000008194

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7130 South Orange Blossom Trail

Suite 110

Orlando, Florida 32809

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 593262

Orlando, Florida 32859

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

7130 South Orange Blossom Trail, Suite 110

(Florida street address)

New Registered Office Address:

Orlando

(City)

Florida 32809

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	<u>PT</u>	<u>John Doe</u>
<input checked="" type="checkbox"/> Remove	<u>V</u>	<u>Mike Jones</u>
<input checked="" type="checkbox"/> Add	<u>SV</u>	<u>Sally Smith</u>

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Tonya Mosley</u>	<u>7130 South Orange Blossom Trail</u> <u>Suite 110</u> <u>Orlando, Florida 32809</u>
2) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Lamonte Gwynn</u>	<u>7130 South Orange Blossom Trail</u> <u>Suite 110</u> <u>Orlando, Florida 32809</u>
3) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>Barbara Davis</u>	<u>7130 South Orange Blossom Trail</u> <u>Suite 110</u> <u>Orlando, Florida 32809</u>
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	<u>D</u>	<u>L. Andre Howard</u>	<u>7130 South Orange Blossom Trail</u> <u>Suite 110</u> <u>Orlando, Florida 32809</u>
5) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>CEO</u>	<u>Vickie L. Cobb-Lucien</u>	<u>7130 South Orange Blossom Trail</u> <u>Suite 110</u> <u>Orlando, Florida 32809</u>
6) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	<u>T</u>	<u>Rosa Hill</u>	<u>7130 South Orange Blossom Trail</u> <u>Suite 110</u> <u>Orlando, Florida 32809</u>

E. If amending or adding additional Articles, enter change(s) here:

(attach additional sheets, if necessary). (Be specific)

Change Secretary, Brituani Lucien, address to 7130 South Orange Blossom Trail, Suite 110, Orlando Florida 32809.

[illegible]

The date of each amendment(s) adoption: 10/27/2021, if other than the date this document was signed.

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adoption of Amendment(s) **(CHECK ONE)**

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 10/27/2021

Signature *Vickie L. Cobb-Lucien*
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Vickie L. Cobb-Lucien

(Typed or printed name of person signing)

President

(Title of person signing)

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